

Wellness, Healthy Eating and Active Living

Prepared for: Michigan Legislature
Health Committees - Joint Session

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National Conference of State
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Wellness Activities & Health Costs

- Health cost drivers
- Wellness programs can impact costs
- State legislative actions on wellness, healthy eating and active living
- Insurance, state and business wellness programs
- Other wellness, healthy eating and active living efforts



Healthcare Cost Drivers

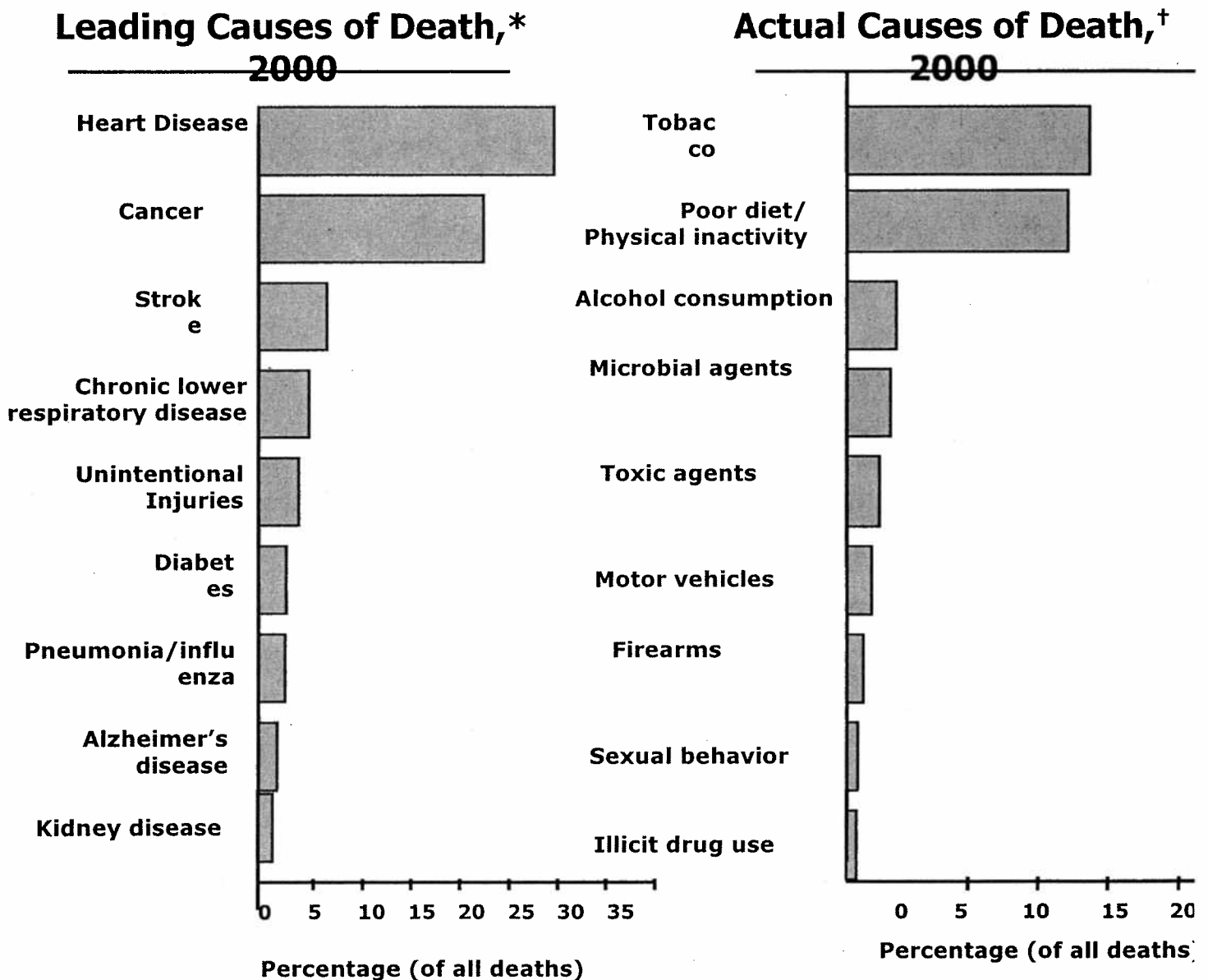
- Article in *Health Affairs* points to a rise in number of people treated for a handful of chronic conditions and mental disorders as the primary driver of increased healthcare costs.
- Five of the most expensive medical conditions accounted for 1/3 of U.S. health spending growth 1987-2000.

Most Costly Medical Conditions

1. Heart Disease
2. Pulmonary (lung) Conditions
3. Mental Disorders
4. Cancer
5. Hypertension (high blood pressure)
7. Cerebrovascular Disease (stroke)
8. Arthritis
9. Diabetes

Causes of Death

United States, 2000



* Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.

† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.

Predicted Likelihood of
Developing Heart Disease,
Stroke, or Diabetes by Age 65
Men, Aged 50

Non Smoker Normal Weight Active	Smoker Overwei ght Inactive	Ratio
<hr/>	<hr/>	<hr/>
11%	58%	5.5

Source: Jones et al. Arch Intern Med
2002;162:2565-71

Wellness Efforts Can Address Modifiable Risk Factors

- Modifiable risk factors:
 - Nutrition
 - Physical activity
 - Tobacco use
- Examples of Wellness Efforts to Address Risk Factors:
 - Tobacco cessation
 - Incentives for active living & healthy eating
 - Alcohol and drug abuse treatment
 - Medically necessary treatment for obesity

Physical Activity Benefits

Millions of Americans suffer from illnesses that can be prevented or improved through regular physical activity.

- 13.5 million people have coronary heart disease.
- 1.5 million people suffer from a heart attack in a given year.
- 8 million people have adult-onset diabetes.
- 50 million people have high blood pressure.
- Over 60 million people (a third of the population) are overweight.
- 250,000 people suffer hip fractures annually.

Source: Centers for Disease Control and Prevention, 2006

Role of Good Nutrition

Research shows that good nutrition can help to lower people's risk for many chronic diseases, including

- heart disease,
- stroke,
- some cancers,
- diabetes,
- and osteoporosis.

A large gap remains between healthy dietary patterns and what Americans actually eat.

In 2005, only one-fourth of U.S. adults ate five or more servings of fruits and vegetables each day.

U.S. Department of Agriculture publishes *Dietary Guidelines for Americans* (available online at <http://www.healthierus.gov/dietaryguidelines>).

State Legislative Approaches to Wellness, Healthy Eating and Active Living

- Insurance and fiscal incentives
- Insurance benefit requirements
- State employee wellness programs
- Employer/worksites wellness programs
- Studies and task forces
- School wellness, nutrition & physical activity
- Community design, access to healthy food

Many are low cost to state government.

Insurance and Fiscal Incentives

Three Types of Wellness Incentives:

- Insurance Premium Discounts or Rebates for Insureds' Participation in Wellness Programs
- Insurance Premium Rating Factors to Discount Group Premium Rates

- Tax Credits - Especially for small businesses

(7 states proposed in 2006 - HI, IA, MS, NJ, NY, RI, WI)

Insurance Incentives - Sample of Bills Enacted

- MI SB 848 (2006, enacted)- Requires insurers providing group expense-incurred hospital, medical or surgical certificates and HMOs offering group wellness coverage to rebate premiums if a majority of employees enroll and maintain participation in wellness programs.
- MI SB 848 (2006, enacted)- Requires health care corporations to offer non-group wellness coverage with a premium rebate if an individual or family enroll and maintain participation in wellness programs.
- IN HB 1420 (2006, enacted) - Allows an employer to implement financial incentives related to employer provided health benefits in order to reduce employee tobacco use.
- NH HB 652 (2004, enacted) - Permits small group and individual insurers to use a rating factor to discount premium rates for plans giving fiscal incentives for participants in wellness or disease management programs.

Insurance Incentives - Sample of Bills Proposed

- MD HB 312- Health insurance premium discount for wellness activities – (proposed 2004)
- NY AB 3344 -Actuarially appropriate premium discounts for wellness program participation (proposed 2004)
- FL HB 1629 – Proposed premium rebate for participation in wellness programs (proposed 2004)

Insurance Benefit Requirements - Number of States Requiring

- Alcoholism Treatment – 44*
- Blood Lead Screening - 7
- Bone Density Screening – 16
- Cervical Cancer Screening - 29
- Colorectal Screening – 25
- Diabetic Supply/Education – 47*
- Mammography Screening – 50*
- Morbid Obesity Care – 4
- Prostate Cancer Screening – 29
- Well-Child Care – 33

* Required in Michigan

Insurer Wellness Incentives

- Blue Cross/Blue Shield NC
- Healthy Lifestyle Choices program
 - 4 weight-related physician visits each year
 - Diagnostic tests for obesity
 - Dietician consultations
 - 2 prescription weight loss drugs

Return on Investment on Worksite Wellness Programs

Modifiable health risks can be improved through workplace sponsored health promotion and disease prevention programs.

Wilson et al., 1996, Heaney & Goetzel, 1997, Pelletier, 1999

- Citibank had a savings of \$8.9 million over 2 years vs. program cost of \$1.9 million for \$4.70/\$1 benefits/cost ratio.

Ozminkowski et al. AJHP Jan/Feb 1999

- Johnson & Johnson from 1990–1999 generated savings of about \$8.5 million/year.

Goetzel et al. J Occ Hlth & Environ Med 2002

- Analysis of 32 studies found 28 with average ROI of \$3.48 per dollar in program cost.

Aldana AJHP May/June 2001

State Employee Wellness Programs

- State employee wellness programs
 - Health promotion initiatives for state employees – AZ, DE, KY, NC, OK, RI, SD
 - Statewide wellness programs for all citizens - AR, IN, ND, OH, VT
 - Legislation for state wellness programs:
 - State employee wellness program – FL HB 913 (proposed 2004), FL HB 121A (proposed 2003)
 - NC HB 557 – Proposed increases to wellness benefits under teachers' and State employees' major medical plan (proposed 2003)

Other Options to Support Worksite Wellness Programs

- Pilot test innovative health promotion programs at state agencies.
- Honor and reward your state's healthiest organizations.
- Create an employers' Health Promotion Resource Center.

State Employee Wellness Programs

- **Colorado**
Colorado is developing a work plan between the Colorado Wellness Committee and the Metro Denver Health and Wellness Commission to improve wellness for state employees through evidence-based strategies.
- **Connecticut**
Connecticut is creating an Interdisciplinary Health Policy team to advise the governor on creating a wellness agenda for state employees.
- **Georgia**
Georgia will develop a worksite wellness initiative targeting school-based employees.
- **Maine**
Maine is focusing on the significant small business population within their state by developing a toolkit for employers with fewer than 25 employees.
- **Michigan**
Michigan will target private sector businesses by demonstrating the cost effectiveness of healthy workplaces.
- **Minnesota**
Minnesota is also targeting private sector businesses by encouraging workplace health promotion programs and implementing an obesity campaign.

State Employee Wellness Programs

- **Nebraska**
Nebraska is focusing upon improving the health of state employees by providing financial incentives and improving the worksite environment.
- **Oklahoma**
Oklahoma is encouraging state residents to eat better, move more, and be tobacco-free through the development of training modules for the "Make It Your Business" curriculum designed for private sector businesses.
- **South Dakota**
South Dakota is targeting wellness efforts within the Native American and American Indian populations.
- **Washington**
Washington will use their Health Care Authority and Department of Health to work with other state agencies to launch "Washington Wellness Works," a statewide wellness initiative to improve the health of state employees and retirees.
- **Wisconsin**
Wisconsin is creating a Healthier Wisconsin Worksite Project that will work with businesses and industry to improve worksite wellness for state employees.

Employer/Worksite Wellness Programs

- Employer/worksites wellness programs
 - Employer wellness programs encouraged – GA Resolution 24A (passed Senate 2004).
 - RI HB 7627 – “Worksite Wellness Act of 2003” – Proposed tax credit to small businesses for expenses of offering worksite wellness programs to employees.
 - HI HB 1733 – Proposed a “worksite wellness income tax credit.”

Business Wellness Programs and Incentives

- Florida Power and Light-healthy cafeteria menu
- Motorola – employee fitness center
- Anheuser-Busch – raffle for vacation for people who got preventive health checks

Shelton, R. "Businesses try to promote fitness, healthy eating in workplace." Orlando Sentinel, October 20, 2004.

Studies, Task forces, Advisory Committees

- At least 7 states have enacted wellness or obesity task forces, commissions or studies. (AR, CA, ME, NY, TX, RI, WA)

Examples:

- CA SCR 81- Task force on youth and workplace wellness – (2004, enacted)
- NY AB 3344 – Blue Ribbon Advisory Committee on Wellness to recommend a comprehensive wellness program for NY state, local health depts., physicians, insurers, HMOs, hospitals, other health care providers (2004, proposed)
- TN HJR 916 – Depts. of Health and Personnel study of effectiveness of current wellness and disease management programs (2004, proposed)

School Wellness, Nutrition and Physical Activity Programs

■ School wellness programs

Federal legislation – Child Nutrition and WIC Act of 2004 (Public Law 108 - 265) required local school districts participating in federal school meals programs to establish local wellness policies by the 2006-2007 school year.

- State legislation in support of local education agency wellness programs
- Physical activity and physical education – 2006 – 26 states considered legislation, 10 enacted.
- School nutrition legislation – 2006 – 23 states considered legislation and 11 enacted it.
- Other – legislation for diabetes care at school, non-invasive diabetes screening.

Community Design, Access to Healthy Food

- Walkable communities – through community planning and transportation projects that encourage walking, e.g., include funding for walking paths.
- Safe routes to school – CA, DE, FL, OR, TX have state laws as of 2003.
- Economic development incentives for grocery stores – PA Fresh Foods Financing Initiative makes fresh produce more available through grocery store development in underserved urban and rural areas.

Additional Resources

Links for NCSL and other resources on legislation and policy options to address wellness are:

- NCSL State Legislatures Wellness article:
<http://www.ncsl.org/magazine/february2007.htm>
- NCSL updated overview of childhood obesity policy options considered in 2006 at:
<http://www.ncsl.org/programs/health/childhoodobesity-2006.htm>
- NCSL overview of childhood obesity policy options considered in 2005 at:
<http://www.ncsl.org/programs/health/ChildhoodObesity-2005.htm>
- NCSL information on access to healthy foods in communities at:
<http://www.ncsl.org/programs/health/publicHealth/foodaccess/index.htm?CFID=614822&CFTOKEN=54359522>
- Information about federal school wellness policy requirements on the U.S. Department of Agriculture web site at:
<http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html>

Wellness Program Benefits



Thank you!

National Conference of State Legislatures

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ON THE ROAD TO WELLNESS

BY AMY WINTERFELD

Dave Barry was kidding, but he was way ahead of the curve in 1985, when he advised everyone to “stay fit and healthy until you’re dead.” U.S. Secretary of Health and Human Services Mike Leavitt, however, was dead serious when he said, in October 2006, that he wants to make Americans healthier.

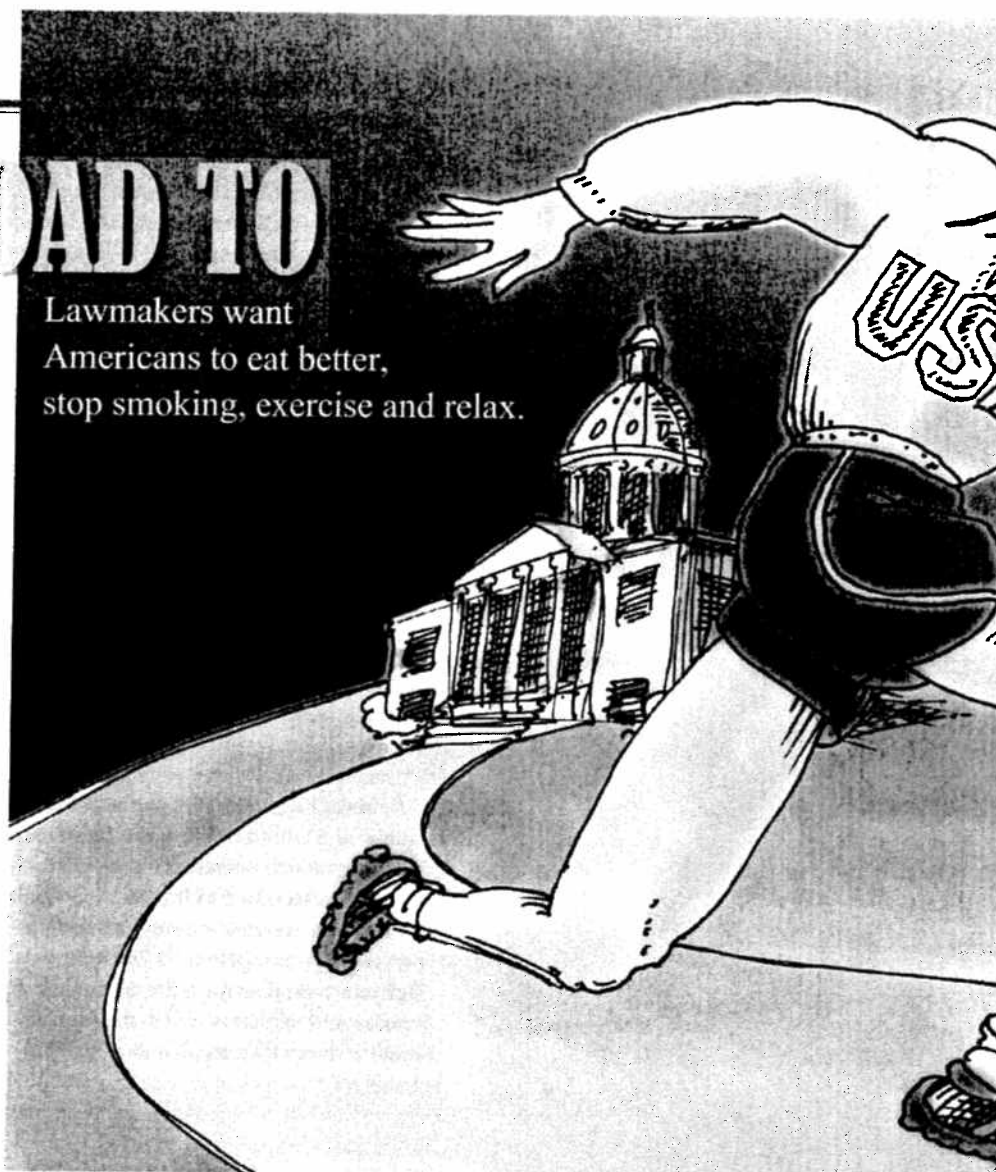
“Emphasis on the four pillars of the HealthierUS initiative—physical activity, good diet, healthy choices and preventive screening—is crucial for the nation’s health,” says Leavitt. “Changing the culture from one of treating sickness to staying healthy calls for small steps and good choices to be made each and every day. [The department’s] physical activity guidelines will encourage the creation of a culture of wellness across America.”

The California governor’s plan for health care reform, announced last month, also gives a nod to wellness, leading off with a proposed Healthy Action Rewards/Incentives program for both publicly and privately insured Californians. It would provide incentives such as gym memberships, weight management programs and reductions in health insurance premiums to promote prevention, wellness and healthy lifestyles.

It’s no wonder that Leavitt and other policymakers want to encourage Americans to adopt healthy habits and stay well. Treatment for chronic diseases accounts for 75 percent of what the country spends on health care each year. Rates continue to rise for one of the leading precursors to chronic disease, obesity. An estimated 66 million Americans are overweight or obese. More than 60 percent of American adults do not get enough physical activity, and 25 percent are not active at all.

NCSL’s health care expert Amy Winterfeld tracks wellness and obesity.

Lawmakers want Americans to eat better, stop smoking, exercise and relax.



Another 44.5 million U.S. adults continue to smoke cigarettes, even though this will result in death or disability for half of them.

Treatment for the consequences of these unhealthy behaviors is improving. But it costs—a lot. Preventing diseases and promoting good health for everyone can help control these costs. Making healthy food choices more available, designing environments to encourage physical activity, offering incentives for healthy behaviors and encouraging preventive screenings are strategies that work at lowering costs.

“We have a finite amount of resources to spend on health care,” says Hawaii Representative Josh Green, an ER doctor who chairs the House Health Committee. “The only way to afford the things we must have is to focus on preventive health measures and screening. We’ll always need trauma centers like the one where I work, but that means we need to be smart about other health costs.”

STARTING YOUNG

During the past 30 years, obesity rates have more than quadrupled for children ages 6 to 11 and more than tripled for young people 12 to 19. Many lawmakers are enacting wellness policies for schools, where 98 percent of 5- to 17-year-olds can be found on any given school day in the United States.

Beginning this fall, federal law requires school districts participating in federally funded school meals programs—nearly every school district in the country—to establish a local wellness policy that includes goals for physical activity. School meals must meet nutrition standards set by the U.S. Department of Agriculture. And there must be a plan for measuring success.

Colorado, Florida, Illinois, Indiana, Kentucky, Mississippi, Ohio, Pennsylvania, Rhode Island, Tennessee and Washington have all enacted legislation in the past few years to support school and state wellness policies.



Legislators have worked to improve the nutritional quality of school foods, provide more opportunities for physical activity, and ensure that nutrition is part of the school curriculum. At the local level, 92 of the nation's 100 largest school districts—which educate 23 percent of American students—have developed a wellness policy.

Lawmakers are also looking at ways to encourage kids to get more exercise on the way to school. The federal Safe Routes to School program includes \$612 million for grants over five years for communities to build bike lanes, sidewalks and trails that will make it safer and easier for children to bike and walk to school.

GETTING WORKERS HEALTHY

Investing in employee health also pays off. Healthy workers are more productive. An analysis of 32 studies of workplace wellness initiatives found 28 with an average return on

investment of \$3.48 per \$1 in program costs, as reported in 2001 in the American Journal of Public Health. Citibank saved \$8.9 million over two years after investing \$1.9 million for wellness initiatives, translating into a return of \$4.70 for each dollar spent on the wellness program. Motorola saw a return of \$3.93 for every dollar spent on its wellness program, and saved nearly \$10.5 million annually in disability expenses for program participants compared to non-participants.

State governments and other public employers are initiating workplace wellness programs as well. The U.S. Department of Health and Human Services awarded Hawaii an innovation in prevention award last November for promoting physical activity and nutrition at work. The state health department has outlined these ideas in an online Worksite Wellness Toolkit, so that other employers can start similar programs.

Delaware, Kentucky, Oklahoma, Rhode Island and South Dakota have launched health promotion initiatives for state employees. And Arkansas, North Dakota, Ohio and Vermont have statewide wellness programs for the whole population. In 2005, Nevada's legislature established a State Program for Fitness and Wellness and a state advisory council to raise awareness and create programs for physical fitness, nutrition and the prevention of obesity and chronic diseases. In Arizona, an executive order created a State Employee Wellness Advisory Council in 2005 that organizes wellness fairs and health screenings for state employees, including blood pressure screenings, cholesterol checks, smoking cessation, weight management and diabetes screenings.

States have also had success by starting on a small scale, building on pilot programs. North Carolina's HealthSmart program started with nine local programs that identified employees with specific health conditions and provided them with intensive health advice on lifestyle changes. It was expanded to all state employees in 2005. Delaware

launched the Health Rewards pilot study program for state employees in 2003, offering comprehensive health assessments, guidance, and fitness advice to state employees through their group health insurance programs.

State efforts to improve workplace wellness have also included smoking bans that cover all workplaces, including bars and restaurants. Hawaii's ban, effective in November 2006, is "essentially the end of the issue of secondhand smoke in public places," says Representative Green.

BUILDING HEALTHY COMMUNITIES

The way we design our communities can influence our health. Decisions about zoning, community design and land use affect the daily choices people make, whether it is to drive or walk to the store, exercise, or the buy healthy foods. Creating incentives can encourage cities and developers to take health and livability into account when retrofitting old developments or building new ones. The design of neighborhoods, transportation systems and biking or walking paths can encourage physical activity.

Healthy foods, such as fresh fruits and vegetables, which are accessible and affordable, are part of the equation. Encouraging schools and government agencies to buy local produce, providing fiscal incentives for locating grocery stores in all communities—especially underserved urban or rural communities—and setting school nutrition standards and school wellness policies can have a big impact on people's health.

INCENTIVES FOR WELLNESS

Indiana Senator Beverly Gard wants to give employers incentives to create wellness programs. She sponsored legislation last year that will allow Indiana employers to offer financial incentives to reduce employee tobacco use.

"This seemed like something we could do that would give employers an opportunity to provide employees with incentives



REPRESENTATIVE
JOSH GREEN
HAWAII



SENATOR
BEVERLY GARD
INDIANA

Paying for Prevention for the Publicly Insured

States have recently begun to structure public insurance programs to cover more preventive care to help ward off chronic conditions, which account for 96 percent of Medicare spending and about 83 percent of Medicaid spending. Examples include the following:

◆ **Coverage for obesity prevention services.** In Connecticut, the state's Medicaid managed care plans pay for obesity related services if they are medically necessary. Nutritional counseling, exercise programs and behavioral health services are covered under Medicaid and SCHIP if they meet the necessity criteria. The state also covers gastric bypass surgery through Medicaid, if medically necessary.

◆ **Coverage for smoking cessation treatments.** In 2005, 38 states covered some tobacco-dependence counseling or medication for all Medicaid recipients. Four more states offered coverage only for pregnant women. Oregon is the single state offering all smoking cessation medication and counseling treatments recommended by the U.S. Public Health Service.

◆ **Wellness incentives.** West Virginia has some of the nation's highest rates of obesity, diabetes, heart disease and smoking. In three pilot counties, Medicaid patients will be asked to sign contracts agreeing to do their best to stay healthy by attending health improvement programs as directed, having routine checkups and health screenings, taking prescribed medicine, keeping appointments and limiting emergency room use. As an incentive, they will receive antismoking and weight loss classes, home health visits as needed, mental health counseling, diabetes management assistance, cardiac rehabilitation and additional prescription medications. Over future years, Medicaid beneficiaries who stick to the plan will qualify for extra benefits, possibly orthodontic or other dental care. Medicaid recipients who do not sign or adhere to the contract will be limited to the standard benefits determined by the state. Critics say the plan may limit access to the enhanced benefits by those most likely to need them, for example, people with existing mental health or substance abuse problems that create difficulties in keeping scheduled appointments. It may also put doctors in an awkward position as administrative enforcers of factors that may be beyond patient control and may interfere with effective doctor-patient relationships.

◆ **Preventive services for those on Medicare.** In January, Medicare increased payments to doctors for face-to-face doctor-patient consultations about a patient's health and what needs to be done to maintain or improve health. The hope is to encourage more discussions about preventive services like controlling diabetes and get doctors to refer more patients to diabetes self-management training and medical nutrition therapy. Medicare will also now cover these services at federally qualified health centers, increasing access in rural and underserved areas.

for healthy behavior," Gard says. Rather than penalize smokers, Indiana amended its smokers' bill of rights to allow employers to implement financial incentives related to employer-provided health benefits that are intended to reduce employee tobacco use. "We wanted to take a more positive approach," Gard says.

States have looked at a number of different ways to provide incentives for wellness and healthy behavior for individuals and for businesses, large and small. Some of the most popular are:

◆ **Insurance incentives such as premium discounts or rebates.**

Michigan enacted legislation in 2006 that requires insurers, HMOs and nonprofits that offer group health insurance coverage to give premium rebates when a majority of employees or health plan members enroll and maintain participation in group wellness programs. The rebate applies for individuals and families with their own policies who participate in approved wellness programs too.

◆ **Insurance rating incentives.** New Hampshire lawmakers in 2004 permitted small group and individual insurers to use a rating factor to discount premium rates for plans, giving monetary incentives for participants in wellness or disease management programs.

◆ **Tax credits.** Over the past few years, wellness tax credits have been proposed in at least seven states including Hawaii, Iowa, Mississippi, New Jersey, New York, Rhode Island and Wisconsin. The idea is to provide employers—especially smaller businesses—with income, franchise or corporate tax credits for wellness programs such as nutrition, weight management, smoking cessation or substance abuse counseling, or purchasing or maintaining fitness equipment.

◆ **Insurance benefits for screenings and early treatment.** According to Blue Cross-Blue Shield's "Survey of Health Plans" for 2005, specific preventive or screening

benefits currently required by states include alcoholism treatment (44 states), blood lead screening (7 states), bone density screening (15 states), cervical cancer screening (29 states), colorectal cancer screening (24 states), diabetic supplies or education (47 states), mammography screening (50 states), morbid obesity care (4 states), prostate cancer screening (28 states) and well child care (32 states).

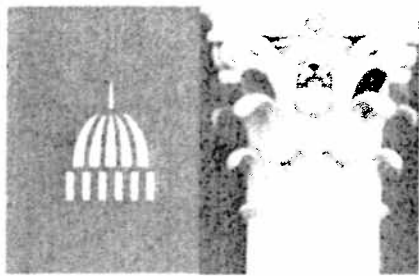
◆ **Task forces, advisory committees or studies.** States have considered creating task forces or advisory committees, or conducting studies exploring the benefits and feasibility of wellness programs or health promotion activities.

◆ **Raising awareness.** Legislators are sponsoring or participating in wellness events. For example, the Legislature declared May 2006 as Fitness Month in California and encouraged all Californians to enrich their lives through proper diet and exercise. Kentucky established the Governor's Council on Wellness and Physical Activity specifically to raise public awareness and promote citizen engagement.

SOMETHING MUST BE DONE

What if Americans don't get healthier? The costs could be shocking. Future cost of health care and other benefits could reach between \$600 billion and \$1.3 trillion for the nation's estimated 24.5 million active and retired state and local public employees.

Moving U.S. health policy toward a more preventive approach is key to containing health care costs. "The burden of chronic disease is increasingly making the U.S. health system unaffordable and causing much unnecessary pain and suffering," says former U.S. Surgeon General David Satcher. The solution? According to health experts at the Robert Wood Johnson Foundation it is "Leadership that informs and motivates, economic incentives that encourage change, and science that moves the frontiers." ▲



National Conference of State Legislatures

LEGISBRIEF

BRIEFING PAPERS ON THE IMPORTANT ISSUES OF THE DAY

NOVEMBER-DECEMBER 2006

VOL. 14, No. 48

School Wellness Policies

By Amy Winterfeld

Schools can play a vital role in children's health.

With 98 percent of 5- to 17-year-olds in school on any given day in the United States, schools are the perfect place to encourage good health. By encouraging healthy eating and a physically active lifestyle, teachers can help prevent childhood obesity, which puts children at risk of developing Type 2 diabetes, high blood pressure and high cholesterol that can lead to heart disease. Currently, 17.1 percent of U.S. children are overweight, and almost 30 percent do not exercise on three or more days per week. During the past 30 years, obesity rates have more than quadrupled for children ages 6 to 11 and more than tripled for youth ages 12 to 19.

Federal Action

Local wellness policies now are required in nearly every school district.

This year, however, schools nationwide have a new opportunity to help pupils achieve healthy lifestyles. Beginning with the 2006-2007 school year, federal law requires each local school district participating in federally funded school meals programs—nearly every school district in the country—to establish a local wellness policy. At a minimum, wellness policies must include:

- Goals for nutrition education, physical activity, campus food provision, and other school-based activities designed to promote student wellness;
- Nutrition guidelines for all foods available on school campuses during the school day, with the objectives of promoting student health and reducing childhood obesity;
- Assurances that reimbursable school meals—full meals for which states receive federal cash reimbursements—meet the program requirements and nutrition standards set by the U.S. Department of Agriculture; and
- A plan for measuring the implementation of the local wellness policy.

In developing the wellness policies, school districts must seek community involvement from a broad group of stakeholders, including parents, students, representatives of the school food authority, the school board, school administrators and the public.

Proper nutrition enhances academic performance.

Research backs the effectiveness of key strategies required as part of school wellness policies such as providing nutritious foods at school, nutrition education, and school-based physical education that increases students' physical activity. For example, many studies confirm that proper nutrition enhances academic achievement, while poor nutrition impedes academic performance. In pilot studies, schools can make as much money selling healthy foods as they do from the sale of foods of minimal nutritional value. A USDA-contracted review of 217 studies found that nutrition education is a significant factor in improving dietary habits. The *Guide to Community Preventive Services*, a federally sponsored initiative, "strongly recommends" school-based physical education programs to increase physical fitness.

State Action

Washington was the first to enact statewide legislation calling directly for local wellness policies in 2004. In 2005, either independently or in response to the federal requirement, Colorado, Illinois, Mississippi, Ohio, Rhode Island and Tennessee enacted similar policies. In 2006, Florida, Indiana, Kentucky and Pennsylvania also adopted legislation addressing wellness policies. These direct state efforts to support school and state wellness policies include approaches such as:

- Encouraging or requiring local school districts to adopt wellness policies that comply with the requirements of the federal law, the Child Nutrition and WIC (Women, Infants and Children) Reauthorization Act of 2004, Public Law 108 - 265, or with recommendations of the Centers for Disease Control and Prevention.
- Establishing state multidisciplinary wellness or advisory councils with members from schools, industry, parents, teachers, medical associations, school boards, physical education associations and other stakeholders.
- Facilitating cooperation among state agencies for wellness policies by creating a School Wellness Policy Task Force to identify barriers to implementing wellness policies and recommend how to reduce those barriers.
- Establishing a specific, dedicated state office or an interagency council to coordinate wellness activities.
- Directing local school districts to establish wellness councils with broad stakeholder participation.
- Establishing mechanisms for state oversight of wellness policy implementation.
- Establishing statewide information clearinghouses for wellness policies and information.

Legislators also have acted on individual policies that are part of school wellness goals, such as improving the nutritional quality of school foods, providing greater opportunities for physical activity, and ensuring that adequate nutrition education is part of the school curriculum. In the 2005 legislative session, 18 states enacted legislation or resolutions related to school nutrition quality and two states put nutrition standards in place through their departments of agriculture. Efforts to refine or increase physical education requirements or encourage positive physical activity programs for students during and after the school day were reinforced in 2005 through legislation enacted in 21 states. At least eight states passed legislation on nutrition education in 2005.

In addition to policy, successful implementation of school wellness policies will require clear planning to establish specific goals, excellent management skills and adequate resources to carry out the plan, consistent oversight and concrete evaluation and feedback on the effectiveness of the plan, widespread buy-in by school staff and local communities, and continuing quality improvement efforts.

Selected References

- Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108 - 265).
U.S. Department of Health and Human Services, Health Resources and Services Administration.
The National Survey of Children's Health, Overweight and Physical Activity Among Children: A Portrait of the States and the Nation. Washington, D.C.: HRSA, September 2006.

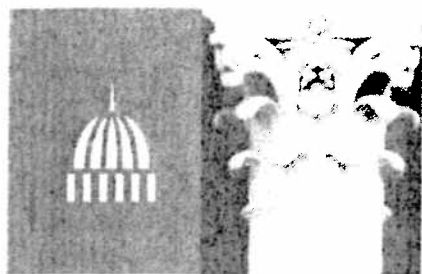
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U.S. Department of Agriculture
<http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html>

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JUNE/JULY 2007

VOL. 15, No. 26

State Workplace Wellness Initiatives

By Madeline Kriescher

The consequences of an unhealthy lifestyle and chronic disease are far-reaching.

"Epidemic" is defined by Merriam-Webster as a condition that "affects or tends to affect a disproportionately large number of individuals within a population, community, or region at the same time." Sadly, Americans are faced with a new epidemic—poor diet and lack of physical activity—that contributes to thousands of deaths every year. Obesity and inactivity are precursors to a panoply of serious health problems and chronic conditions, such as diabetes, heart disease, stroke, cancer, depression and high blood pressure. These health conditions appear not only in adults, but also are affecting children at an alarming rate. Almost one-third of all children between the ages of 6 and 19 are considered overweight or at risk for being overweight. According to the Institute of Medicine, 9 million children over age 6 are obese, and there is a 70 percent chance that an overweight adolescent will be overweight or obese as an adult.

The consequences for Americans of living an unhealthy lifestyle and battling chronic disease are far-reaching. A Brigham Young University study of absenteeism rates of 10,825 employed adults found that obese employees tend to be absent from work due to illness substantially more often than their slimmer counterparts. Obese employees were more than 1.5 times more likely to experience high and moderate levels of absenteeism, respectively, than were lean individuals.

State Action

Chronic disease accounts for 78 percent of U.S. health expenditures.

According to the *Journal of the American Medical Association*, chronic disease is now the principal cause of disability and use of health services and accounts for 78 percent of U.S. health expenditures. State budgets are affected by these higher medical costs. In 2003, more than \$75 billion was spent on obesity-related medical expenses in the 50 states. More than half of that amount is paid for by taxpayers through Medicare and Medicaid.

To address the growing threat to America's future health and economy, state legislatures are acting to respond to childhood and adult obesity, encourage healthy behavior, and provide choices for healthy eating and active living. Improved wellness in the workplace means fewer sick days, higher productivity, and, potentially, lower health insurance costs for both employees and employers.

States can promote employee health by developing a comprehensive wellness program.

States can effectively promote employee health by developing a comprehensive wellness program. Arkansas, North Carolina, Ohio and Virginia currently offer wellness programs for state employees that include personal risk assessments, lifestyle education incentives, and health management strategies. Integral to any workplace wellness program are opportunities and incentives for employees to incorporate healthy choices, good nutrition, and physical activity into their daily lives. Kentucky, Michigan, New Mexico and West Virginia have state-sponsored walking programs, some of which include statewide challenges, special events and designated walking trails.

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Workplaces also can design health benefits packages to encourage disease prevention and management. Some states have chosen to reward participation in healthy lifestyle practices, such as health risk assessments, tobacco cessation programs, or fitness facility use. South Dakota state employees who participate in a health risk assessment or attain personal health goals can receive a cash prize. The Utah Work Well Program allows state workers time during work hours to exercise. Vermont supports its state workers with worksite wellness awards. Delaware's DelaWELL program focuses on state employees who can modify risk factors and helps them make long-term behavior changes. The program offers health risk assessments, personalized lifestyle and disease management coaching, online health resources, health education centers and wellness incentives.

State employee benefits packages can encourage disease prevention and management.

Collaboration is a key to workplace wellness program success. In South Dakota, Governor Mike Rounds and the State Employee Health Plan worked with the South Dakota Department of Game, Fish and Parks and the Department of Education and Social Services to create the Healthy South Dakota Wellness Program. It has helped workplaces lower health care costs, reduce absenteeism, reduce worker compensation and disability claims, and increase morale and loyalty. The program has expanded to include private employers.

Collaboration is a key to workplace wellness program success.

States can further efforts to create healthy workplaces and support healthy choices by forming coalitions and advisory groups among the public and private sectors. Arizona created the State Employees Wellness Advisory Council, which is identifying community partnerships and state agency resources that can create or improve wellness programs for state employees and their families. Among other things, the council will identify models and opportunities for onsite wellness programs and provide feedback for state agency health and fitness programs. Agencies and individual employees will be recognized for promoting and participating in these initiatives and programs.

Federal Action

National goals mirror the state goals—to promote wellness and to help people make healthier choices. Healthy People 2010 is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Objectives—which include increasing daily physical activity, preventing chronic disease, reducing tobacco use and combating obesity—reflect some of the major U.S. public health concerns.

National goals are to promote wellness and help people make healthier choices.

Today's workers spend nearly half their waking hours on the job. By providing supportive environments and incentives for healthy living, policy leaders can make great strides to promote workplace wellness that can lead to fewer sick days, greater worker productivity, and lower health insurance costs.

Selected References

- Arizona Executive Order 2005-04. *State Employee Wellness Advisory Council*. Issued by Governor Janet Napolitano on Feb. 7, 2005.
- Brigham Young University, Department of Physical Education. *Obesity and Absenteeism: An Epidemiological Study of 10,825 Employed Adults*. Provo, Utah: BYU, 1998.
- National Governors Association, Center for Best Practices. *Creating Healthy States: Building Healthy Worksites* (Issue Brief). Washington, D.C.: NGA, 2006.
- National Governors Association, Healthy America Initiative. *Creating Healthy States: Actions for Governors*. Washington, D.C.: NGA, 2006.

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